

# Notification of Work-Related Injury Compensation

Date: [Insert Date]

To: [Employee's Name]

Address: [Employee's Address]

Dear [Employee's Name],

This letter serves as a formal notification regarding your eligibility for work-related injury compensation following the incident that occurred on [Insert Date of Incident]. We appreciate your prompt reporting of the incident and assure you that we are committed to providing you with the necessary support during this time.

Please find the details regarding your compensation claim below:

- **Date of Injury:** [Insert Date]
- **Nature of Injury:** [Brief Description]
- **Claim Number:** [Insert Claim Number]

To proceed with your compensation, we will need the following documentation submitted by [Insert Deadline]:

- Medical reports related to the injury
- Any additional witness statements
- The completed compensation claim form

If you have any questions or require further assistance, please do not hesitate to contact the HR Department at [Insert Contact Information]. We are here to help you through this process.

Thank you for your attention to this matter, and we wish you a speedy recovery.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]